

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Bates  
 Township Cutler  
 City Cutler (No.       )

Registration District No. 50  
 Primary Registration District No. 3004

File No. 32161  
 Registered No. 38  
 St.        Ward       

## 2. FULL NAME

(a) Residence, No.        St.        Ward         
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)       

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1844

7. AGE YEARS 89 MONTHS 2 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant  
 10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) Fayette (STATE OR COUNTRY) Mo

13. NAME B. F. Jeter

14. BIRTHPLACE (CITY OR TOWN) Urgenia (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Buckhart

16. BIRTHPLACE (CITY OR TOWN) Howard Co (STATE OR COUNTRY) Mo

17. INFORMANT B. F. Jeter (ADDRESS) Cutler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hill DATE Oct 12 1933

19. UNDERTAKER Culver (ADDRESS) Cutler Mo

20. FILED Oct 12 1933 Anna L Culver Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11 1933

I HEREBY CERTIFY, That I attended deceased from Jan 1931 19..... to Oct 11th 1933

Last saw him alive on Oct 10th 1933 Death is said

to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset       

Other contributory causes of importance: 936

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) L. D. Culver, M. D.

(Address) Cutler Mo

